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MARITIME MEDICAL NEWS

A MONTHLY JOURNAL DEVOTED TO MEDICINE & SURGERY

HALIFAX, NOVA SCOTIA.

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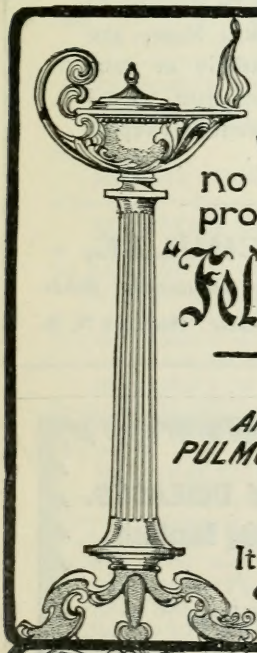

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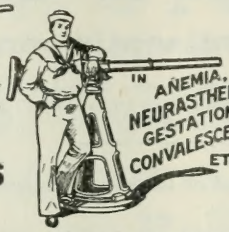

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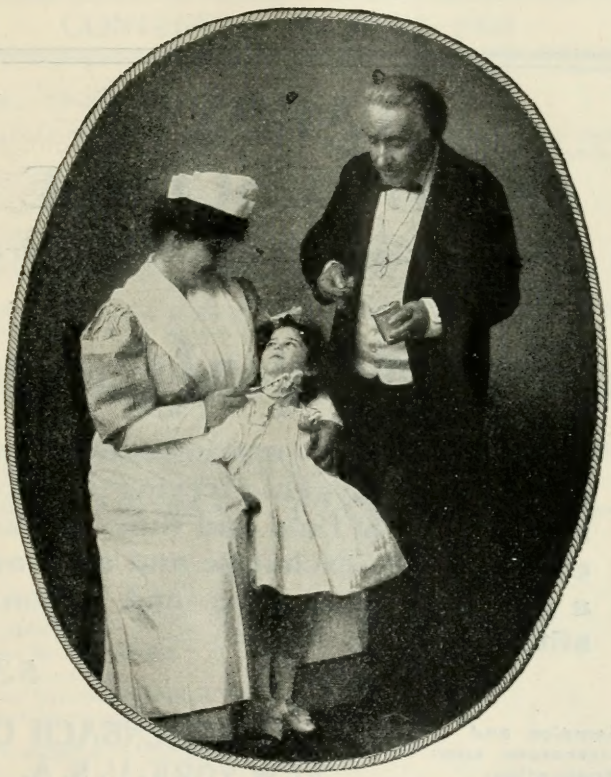

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THE MARITIME MEDICAL NEWS

VOL. XXI., *APRIL, 1909*, No. 4.

WORLD OF MEDICINE.

Treatment of Nervous Diseases

In the *Lancet* of March 27 there is an interesting paper by Dr. James Taylor, of the well known Queen Square Hospital for the Paralysed and Epileptic, on some points in the treatment of nervous diseases. In discussing *hemiplegia* he points out the importance of the pathological diagnosis, defining three classes of this condition, according to the pathological factors. First, there is the hemiplegia resulting from the rupture of a blood-vessel. This, except of course as a result of fracture or other injury, is a result of vascular disease, and treatment must be directed towards this condition. We generally find high blood pressure, frequently also cardiac hypertrophy, and, it may be, cirrhosis of the kidneys. Consciousness is generally abolished, the breathing is stertorous, and the temperature is raised. In some cases, depending on the size of the vessels involved, the symptoms are slight, but in any case they generally persist for weeks. In this class of cases, the hemorrhagic, the first consideration is rest, and the reduction of blood pressure. For this purpose venesection is the most ready method. After this, free purgation to lower tension, and even drugs such as trinitrin may be given. If a recurrence of hæmorrhage can be prevented, and inflammation does not occur in the blood clot some improvement may be expected, but complete recovery is hardly to be looked for, the patient will probably remain hemiplegic, and the speech centre may be permanently involved. And, of course, if there is cardiac hypertrophy and arterial degeneration, another attack may come on at any time.

Secondly there is the hemiplegia due to thrombosis: blocking of a vessel starves the district which it supplies, and its function is abolished. Here also the pathology is one of diseased vessels, with perhaps a morbid tendency of the blood to coagulate. The symptoms in such cases are not so severe as in the first class. It is frequent in aged people; is notably frequent in its occurrence during sleep, and consciousness is not necessarily impaired. When this form occurs in young people it is almost certainly due to syphilis. There is little tendency to improvement in senile cases, and there is of course, as in the first class a probability of the condition recurring. But in young subjects, that is practically, in syphilitics, the use of the iodides, while it can scarcely restore the channel of a blocked artery, may remove the disease in other vessels and prevent recurrence of thrombosis.

The third cause of hemiplegia is embolism. Here we have valvular disease of the heart, or aneuryson, and generally there is a history of rheumatism, chorea, or scarlet fever. The onset is sudden, and when the vessel blocked is a large one consciousness may be lost. In cases of this kind we may expect great improvement, especially in young peo-

ple. The treatment is practically that of heart disease.

In discussing *disseminated sclerosis*, Dr. Taylor is inclined to think it is "diagnosed too freely," and at the same time he states his belief that it is much more frequent than it was twenty years ago. He regards it as in all probability a toxic affection, but cannot explain its peculiar distribution. But one thing seems obvious, "and that is that the poison is liber-"ated in a curious paroxysmal way, "or that the nervous system becomes "sensitive to the poison periodically. "It seems to exert an effect immed-"iately—an effect which soon passes "off partially—and the patient im-"proves and remains better for an "uncertain time. Then another re-"lease of poison takes place," and so on. In some fortunate cases, the first attack is not repeated, and the patient makes an apparently complete recovery. Dr. Taylor mentions the case of a young woman in which all the symptoms of disseminated sclerosis were present, spastic gait, nystagmus, exaggerated knee jerk, ankle clonus and Babinski's reflex. Three years have passed, and the patient seems quite well, and has had a baby. The only sign of the trouble is the persistence of the "Babinski." Cases which were one time considered to be "functional paralysis," and "hysterical amblyopia" are probably truly organic, the results of local inflammation in the motor or optic tracts, interfering with the function of these parts, causing paralysis or blindness, and yet temporary in their effect. There is therefore room for hope in disseminated sclerosis. The first step in treatment is rest. The routine treatment in the Queen Square Hospital is to keep the patient in bed for at least three weeks, to give massage regularly, together with stimulating electrical treatment, and to give abundance of easily assimilated food. In many cases striking improvement may continue for years.

Taylor is equally hopeful in regard to many cases of *locomotor ataxia*. In those cases where the patient complains of failing vision, before he has any difficulty in walking, but when the Argyll Robertson pupil symptom is present, there is little hope. Some have thought strychnia hypodermically has helped the eyes. In those cases where the so-called "gastric crises" are the reason for the patient's consulting us, he generally thinks his attacks of vomiting are due to biliousness. But on examination, the Argyll Robertson pupil, the absence of knee jerk and the lightning pains reveal the true nature of the case, though there may be no ataxy present. These attacks of vomiting are too often refractory to everything but morphia, and the constant use of this may be even more injurious than the disease for which it is used. In many cases these "crises" cease, and there may be a return to fair health. It is in the ordinary type of tabes, in which there is difficulty of walking, lightning pains, "girdle sensation" and perhaps weakness of the sphincters, and abscence of knee jerk, etc., that Taylor finds his most hopeful cases. As drugs which may control the pains, he mentions aspirin, phenazone and migranine, and he says the bladder trouble is certainly helped by belladonna and similar drugs. But the most troublesome symptom is the ataxy, and Taylor is very enthusiastic in his recommendation of Frænkel's exercises. "I have known," he writes, "a patient "carried into hospital so ataxic that "he could not walk, even with help, "and I have seen that patient walk "out of the hospital after two months "treatment." "I know a man who

"ten years ago lay helpless who is "now able to get about with such a "degree of ataxy as is only apparent "to the skilled observer."

Of *paralysis agitans*, Dr. Taylor says "it is idle to hope that we shall "ever be able to cure such a disease." But he thinks something may be done in modifying and controlling the tremors, and the drug he finds useful is hyoscine hydrobromide. He begins with 1-200th of a grain three times a day with a small dose of strychnine in an acid mixture, but the dose may be increased to 1-100th grain. The only drawbacks are the dryness of the mouth produced by it, and the characteristic eye symptoms.

Of *infantile paralysis*, there is nothing new to be said, except that even here, recent experience would seem to show that spontaneous cure occurs in some cases. The treatment in the acute stage is that for any grave, feverish condition, probably toxic in character. And when the acute stage is past, efforts must at once be begun to favour improvement and prevent deformity. Massage and the galvanic current appear to be the only useful agents.

Lastly, touching on *epilepsy*, Dr. Taylor has some experience to offer. He considers that *petit mal* is much less amenable to treatment that the severer types, and yet advises perseverance in the use of remedies. He considers the bromide as our "sheet anchor," but seldom gives the potasium salt. Besides being very depressing, it is the most apt to cause acne. He thinks that the bromide of strontium is particularly useful when there is much tendency to acne. To prevent depression he advises the combination with nux vomica, and to control acne, the addition of arsenic in small doses. If arsenic is pushed too freely neuritis may result. He points to an old observation, that borax, sometimes even helpful alone, is frequently helpful as an adjuvant to bromide, so that a case in which bromide had been carefully given in vain, was cured of the fits when borax was added, and was still free from fits three years later. In some cases tincture of belladonna is distinctly beneficial. He notes that the expression "nocturnal" as applied to epilepsy is scarcely accurate, as it is not *night* but *sleep* that determines the attack, patients who are subject to night attacks, occasionally have them during the day but when asleep. In this type of case a dose, at bed time, of 30 to 40 grains of bromide with three or four minims each of tincture of digitalis and tincture of nux vomica, is recommended, the adjuvant drugs being added for their steadying effect on the circulation.

❖ ❖ ❖

The Treatment of Erysipelas by Means of Carbolic Acid and Alcohol.

In the *Medical Record* of February 13th, 1909, Aspinwall Judd of New York recommends the use of strong carbolic acid painted on the surface in cases of erysipelas until the surface in cases of ed, and then followed by swabbing with alcohol. The treatment must go a half-inch beyond the border of the eruption to destroy all the germs. The unbearable itching, burning, and throbbing are relieved at once, fever soon falls, and general symptoms are relieved. The author has treated successfully sixty-seven cases, and five cases in which it failed. No scarring results. The superficial layers of the skin come off as in mild sunburn and the complexion is improved.

EDITORIAL

WANT of space prevented our giving as much notice as we had intended in our last number to the crusade against tuberculosis, which has at last reached Halifax. Some of us may be disposed to smile at the feverish enthusiasm of this crusade, to speculate on the duration of the fever and to recall similar sporadic outbursts of zeal, when popular science and fashionable philanthropy set out together to show the medical profession how to do things. But we should not throw cold water on this cleansing fire. Let us overlook whatever may be crude and inconsiderate and think only of the generous impulses which animate it, its warm philanthropy, and the beneficient results which may undobutedly follow in its wake. If previous crusades in the interests of health have been unsuccessful, they may not have failed utterly.

"Say not that struggle nought availeth,"

. . . . . .

And as things have been they remain,

. . . . . .

For while the tired waves vainly breaking,
Seem here no painful inch to gain,
Far back, through creeks and inlets making,
Comes silent, flooding in, the main."

We must not forget that however much the present world-wide campaign against tuberculosis may be regarded as a popular movement, it originated in our profession and derives its strength and its efficiency from the support that practitioners of medicine as well as scientific investigators give to it. Without the light shed on the problem of tuberculosis by pathology, and the success of physicians in applying scientific methods, the glorious hope which now seems to animate the world, the hope that tuberculosis may be eradicated and exterminated, could not have arisen.

The problem is indeed a stupendous one, and none know better than we do how long and hard and oft-times hopeless the struggle will be. But let us do nothing to damp enthusiasm; it will be all needed, and that for generations to come.

It is well that the public should take an interest, a kindly and earnest interest in the question of tuberculosis, but we should take what opportunities we may of reminding the intelligent laity that while tuberculosis is undoubtedly a most important factor in our tables of mortality, it is only a part of preventable disease. And while we should do all we can to aid in the tuberculosis campaign, we must strive for a recognition of the fact that our energies are to be directed not to one disease, however deadly, but to the whole question of Public Health.

The fascinating and thoroughly scientific germ theory of disease has been a part of the creed of medicine for barely a generation, and the eager investigation of germ diseases and the rapidly accumulating proof of the correctness of the theory have perhaps obscured the claims of an equally important subject. In all germ diseases there are two primary factors, the germ and its nidus; the seed and the soil. The object of the farmer is to make his soil productive and he welcomes every agency which makes it a more favourable and fostering situation for the seeds which he casts into it. It is the reverse in the science of hygiene . Here the soil, that is the tis-

sues of the body are to be rendered as far as possible immune to the invasion of hostile germs.

Modern science shows us the wonderful means by which Nature works in enabling our tissues to resist disease, or to overcome it when it has effected a lodgement. And science also reveals the hindrances to this system of defence, the enemies without and the traitors within the body, which, if not themselves actual carriers of disease, render us more open to attack or weaken our powers of resistance. Of even more importance than a knowledge of germs and their effects, is a knowledge, and a willingness to act on that knowledge, of the best means of securing and preserving a sound constitution.

Now if we think the campaign against tuberculosis is a vast problem what shall we say of such an aim as this, nothing less than the instruction of the people in the proper conduct of their lives so as to become strong and healthy, efficient for duty, resistant to debilitating influences, immune to the attacks of germ diseases ,or able to cope successfully with them if they should effect a settlement in the tissues. We may not hope to render our bodies resistant to combustion, or proof against mortal wounds, or immune to chemical poisons, but there is no limit, theoretically, to the immunity which may be possible against germs, and these cause the immense majority of deaths. What a different world it would be, were germ diseases banished! Practically no infant mortality!

Why should the problem be thought so colossal, some will say so hopeless? What is the difficulty when all admit the beneficence and grandeur of the aim. The difficulty is in ourselves, in the nature of man. *Video meliora —deteriora sequor.* Ignorance, prejudice, laziness and luxury shut their eyes to the light. The wilderness is very wide and of the people who walk in darkness, there, many seem to prefer the darkness, but we must keep on preaching. Who can tell but this anti-tuberculosis campaign, practically world-wide, in many ways unprecedented, may be the brightest and most hope-inspiring beam of scientific teaching on sanitation which has as yet illuminated the dark wastes where millions perish for lack of knowledge and thousands are sacrificed to unreasoning prejudice. And the bitter irony of it all is that these dark wastes are the populous and thriving centres of twentieth century intelligence and culture.

A mere passing glance at some of the leading points involved in such a campaign of hygiene is all that we can give here.

The education of public opinion should begin at the centre and base of our social system, the home. How many young parents, proud and happy over their first-born have any knowledge or practical experience of how to care for the health and normal growth of the child, how to regulate its food, its clothing, its exercise. If it is asserted that the grandparents or other wise and kindly persons are ready to impart the immemorial knowledge of previous generations, we reply that too often this is rather the immemorial want of knowledge which is responsible for many a little grave, and many a blighted life.

In the choice of a home what considerations guide them? What do they know of drainage, sewerage, ventilation, or the priceless value of sunlight ? If they live in the country do they store vegetables in their cellars, and breathe the emanations of decaying organic matter. If they live in

the city have they made sure of proper sewerage connection.

Then comes school life. And here we face a problem of the very gravest and most serious importance. There can be no doubt that there is much discrepancy between the ideals of the educationist and those of the hygienist on many points connected with education. When we consider the enormous advantages conferred by the education of the present day in Europe and America and our own country, we may well hesitate at the thought of interfering in any way with so useful, so well-organized and so wide-spread an institution. And yet medical men all the world over are questioning the soundness of their educational systems. The question in brief is this:—In striving for intellectual efficiency is not the physical basis of efficiency being neglected ?

We are of the opinion that our present day knowledge of the phenomena of life, a knowledge largely due to the personal labours of those whose work has been to teach rather than to practise the science of medicine—this clearer knowledge of vital phenomena, and the correlation of mind and body, calls for a reconsideration of educational methods from the point of view of national health. We cannot be surprised if recognized authorities on education should resent any intrusion on our part into their domain. Our own profession is not too ready to lend an ear to advice from would-be reformers. But if mutual respect for each others' aims and a single hearted desire for the best that can be done for the character, the efficiency and the happiness of our people mignt lead to earnest conference between authorities in education and hygiene, we believe much good might result. Already educational authorities are in many places deriving benefit and assistance from the medical profession in the examination of school children, and in the campaign for national health medical men can have no more powerful helpers than the teachers of the country.

If attempts at concerted action have failed in the past they may be more happily carried out at some future time.

It is now more than twenty years since a committee of the Medical Society of Nova Scotia waited on the Government with a proposal, or recommendation for the provision of efficient physical training in the public schools. That committee met with a very cold reception, so frigid indeed that it seems to have chilled its enthusiasm to zero. But times have changed. The personnel and perhaps the ideals of the Council of Public Instruction have changed also. In the movement against tuberculosis which is the active phase of the national health campaign at present, we look for great help from our educational authorities, and an indication of the friendly view now taken by the government is the fact that the address of our colleague, Dr. Hattie, on National Health, read a few weeks ago before the Canadian Club, has been printed by the legislature and is being widely distributed. We should like to see a copy of this excellent address in the hands of every teacher, indeed a copy in every home in the Province. We venture to think that much of the opposition to sanitary legislation, the niggardly expenditure on public health matters, the silly agitation against vaccination, and other results of ignorance would largely disappear, when the information conveyed in Dr. Hattie's admirable address has been carefully studied. We would suggest a new edition with the sub-title "Nova Scotia Public Health

Manuals No. 1." There is, we suppose, little doubt that one reason why the medical profession has not been as active or as prominent in public efforts to give instruction in matters affecting health is the natural reluctance the individual must feel to setting himself up as a teacher and the well-founded dread that any efforts in this direction through press or platform may be regarded as an insidious mode of self-advertisement. But it is time that a knowledge of the laws of hygiene, known to all medical men and to many intelligent people, should be popularized. Perhaps one of the best ways of doing this would be to have papers on such subjects as ventilation, sewerage, the destruction or utilisation of refuse, food inspection, exercise, and so forth, read at meetings of the various medical societies, to which the public might be admitted. It is the regular custom now to have a popular lecture delivered by some medical authority, on one of the evenings during the meetings of the British Medical Association. The plan has been adopted at some of the meetings of our Medical Society in Nova Scotia. Some of us remember with pleasure the thoughtful and suggestive Presidential Address of Dr. MacKintosh, of Pugwash, on the "Inter-relations of the Public and the Profession," and that by the late Dr. John Macmillan, of Pictou, dealing with the physique and health of school children. And if, for instance, at the next meeting of our Society in Sydney, the address of the President should be on the same lines as the able speech he delivered a short time ago on Public Health in the Legislative Assembly, and were delivered in a hall to which the public could be admitted, much good might result. Once a year or oftener the same plan might be carried out in our county societies, and indeed an excellent illustration of how very interesting such an occasion can be made was seen lately when the Annapolis-Kings Society held a public meeting at which Dr. DeWitt, a veteran leader in the anti-tuberculosis crusade gave a most practical address and was supported by Dr. Birt, Dr. Moore and others.

There is one advantage in having such subjects discussed in public apart from the question of instruction. We in our enthusiasm may press for reforms which however urgent, may seem beyond the power of the community, for financial reasons. Debate, not only on the nature and value of organizing and financing such reforms would gain much from the participation in it, of intelligent business men.

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WE have received the programme of the meeting of the Canadian Hospital Association, which met in Toronto on the 12th and 13th of the present month. The President, Dr. W. J. Dobbie, of the Toronto Hospital for Consumptives, delivered an address, and papers were read by superintendents of hospitals and training schools. Dr. Von Eberts of the Montreal General Hospital, read a paper on Surgical Tuberculosis, and another on the Architecture of Small Hospitals was read by a Boston architect, Mr. Stevens.

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MANY of our readers, especially in Halifax, where he was so well known, will be glad to learn of the good work which is being done by Dr. Hare, who left us some time ago to take part in Dr. Grenfell's work among the people of the Labrador Coast. The little hospital of which Dr. Hare is in charge is at Harrington, and is an immense boon to the poor and scattered population. Dr. Hare's wife and

family accompanied him to Labrador, but much of his time is occupied in travelling along the coast, visiting the isolated harbours and settlements, carrying to the lonely hamlets and houses of a people, often battling with the dire extremes of poverty, help for soul and body. Dr. Hare is essentially a medical missionary.

These journeys are made by dog-team in winter and in summer in a small launch, which was presented to the mission by the readers of the *Montreal Witness*. Dr. Hare made an appeal for a larger launch last autumn, but we are unable to say, whether he was successful. In a few weeks the bleak coast of Labrador will be open to navigation, and mail matter and packages can be sent down. We would suggest to any of our readers who are interested in Dr. Hare's work, or who remember his hearty and genial comradeship, that they should take the first opportunity of sending down to him anything which may be of service in his hospital.

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In our present issue will be found the notice of the arrangements made with the Canadian Pacific and other railways for the meeting of the Canadian Medical Association at Winnipeg next August. It is to be hoped that a large representation may be made by the Maritime Provinces. The possibility is fairly good of a large enough attendance from Nova Scotia alone to warrant the engaging of a special Pullman direct to Winnipeg. There should certainly be enough representatives with the members of their families from the three sea-provinces, to fill a Pullman. No one knows what Canada is, until he has seen it from East to West, and, if the railway authorities would grant special excursion rates to those who wished them, from Winnipeg to the Coast, we think many would take advantage of the opportunity of seeing the New West, and visiting friends who have settled there. We hope to be able to make a definite statement on this point in our next issue. There can be no doubt that from the point of scientific value as well as professional intercourse the Winnipeg meeting will be a good one. The President, Dr. R. J. Blanchard, is a Nova Scotian, and has for many years occupied a leading position in professional work, as well as in the esteem and affection of his colleagues, and we know he will spare no effort to make this meeting a shining success.

CONSTIPATION.

By G. W. T. FARISH, M. D.

Fairmont, N. S.

CONSTIPATION defined by Osler:—"Retention of faeces from any cause:" defined by the writer:—"inability to evacuate the bowels after three days' trial, the bane of women, and the *bête noir* of the general practitioner."

This condition, being one which so frequently comes into the daily life of the physician, I have often wondered if it appeals to the majority of physicians with the same degree of seriousness with which it does to me: if so, I cannot imagine there would be the same present avidity for the consumption of physic pills, nauseous draughts of salts, or salts and senna combined, or castor oil, or that wonderful cure-all for children—Castoria, for which they so lustily cry. One cannot but realize that the inability to evacuate the bowels, with that degree of self-satisfaction which we, who are not so afflicted, experience, is on the increase, and the question arises as to whether there is any possibility of doing anything more, from the point of view of a general practitioner of medicine, or a specialist, for I expect to see nothing more than one of these on constipation, if so, he will have patients from the ends of the earth, by which this dread and universal malady may be ameliorated, which, as I said before, is the *bête noir* of the physician.

When a patient comes to me and says in a cold-blooded way: "Doctor, can you do anything for constipation?" I invariably smile, and I do so, I think, from the thought, "I wonder if they are looking for a specific." The dialogue continues:—"How long have you been afflicted with the trouble?" "Oh, Dr., for years." "And have you done anything for it?" "Oh, yes, I have been taking pills of all sorts." And then I remark: "Yes, and you are one of the multitude who have helped to fill the pockets of Mr. Beecham, whose pills, although they are worth a guinea a box, in his own estimation, are a menace to the public health, also of Mr. Ayer and of Mr. Holloway, it not being necessary to mention the many private drug stores which dispense a favorite compound of harmless laxative vegetable and tonic pills, and then I smile again and in eight times out of ten the patient agrees with me and smiles also: then, if I have time at my disposal, I begin an argument with them on their creation by the powerful and all-perfect Creator who fashioned them as they are anatomically and physiologically as nearly perfect as possible, with perhaps the exception of the inguinal and femoral canals, how on account of the presence of certain secreting glands, of the presence of a certain muscular formation of the gastro-intestinal tract, that it was never intended that the aforesaid Mr. Beecham, Mr. Ayer, or Mr. Holloway should have been able to fill their exchequers with the millions of dollars which have accrued from the sale of purgative pills, and then I go further and give them my opinion of the matter, feeble as it might be, and feel a conscience-stricken sensation when at last I have, in some cases to prescribe:—

R:—*Cascara sagrada, f. e. M.* 10.
Ter in die.

and my patient departs with a prescription for a bottle of medicine or a box of pills; but more than that, and I feel a much more important pre-

scription, a heart to heart talk on the evil results of constipation and pill swallowing, and with the promise on their part that they will at least try to follow my advice in the matter of treatment.

Constipation and the taking of purgatives for its relief is not a new story, but rather one which dates back probably many centuries. I have no authentic account whether our mother Eve, who partook of the apple in the Garden of Eden, did so for this malady, although the matter of fruit taking has been followed ever since as a possible help in the treatment of the malady, and for all I know, may have dated from that act in the Garden of Eden episode, and if so, she should have been forgiven instead of having been punished by banishment.

In all well regulated books on the practice of medicine, you will find that the particular malady under consideration is, in its description, divided up into different headings. First, definition which from Osler, I have given you; secondly, etiology, which I will later quote from the same author; thirdly, symptoms; fourthly, diagnosis and differential diagnosis; fifthly, prognosis; and lastly, treatment.

In the matter of etiology, Osler mentions under heading (a) constitutional peculiarities, torpidity of the bowels, often a family complaint and found more often in dark than in fair persons; (b) sedentary habits particularly in persons who eat too much and neglect the calls of nature; (c) certain diseases, such as anaemia, neurasthenia, hysteria, chronic affections of the liver, stomach and intestines and the acute fevers; (d) either a coarse diet, which leaves too much residue, or one which leaves too little residue may be a cause of costiveness; and then he goes on to local causes, viz.: "Weakness of the abdominal muscles in obesity or from over-distension in repeated pregnancies, atony of the bowel from chronic disease of the mucosa; the presence of tumors, physiological or pathological, pressing upon the bowel; enteritis; foreign bodies; large masses of scybala and strictures of all kinds. By far the most important local cause is atony of the colon, particularly of the muscles of the sigmoid flexure by which the faeces are propelled into the rectum." There can be no doubt but that Dr. Osler has covered the etiological ground pretty thoroughly, but there is one factor which I have always thought must bear some of the burden as a causative one in the production of constipation, and as it occurs so frequently, comparatively speaking, in woman, and as she is the one who is so sorely afflicted, I feel that it cannot be overlooked. We know that the abdominal muscles act as an adjunct in the performance of an evacuation of the bowels, and unless they are developed, must surely lose their power. Venus was content with her proportions and has been handed down as a model of perfection, but not so with the woman of to-day. She has robbed herself of all that was intended for her as to form and has seen fit to encircle herself with an apparatus called corsets, which would, from their bands of steel and whalebone, almost make them impervious to the attack of a volley of musketry. They were at first content with that which would act as a support for their garments, one and all, but later the poor, unoffending abdomen, in many cases had to be subdued, and the straight front apparatus has been conceived by some brainy individual. Can you imagine anything so hazardous to the development of the abdominal muscles as this

straight front corset? I am not now considering this matter of woman's form from an aesthetic standpoint, as I dare say we would all say that woman would look very uninviting without them and the crusade against them would be a very strenuous one, but from a physiological point of view there is no doubt that they are fiendish.

Having dealt summarily with the corset, I will now take up some of the factors as outlined by Osler and discuss them; and I have no intention of taking up those cases which are due to disease acting either mechanically or otherwise but more especially those of pure and unadulterated constipation as is seen in those who apparently are in tolerably good health with this exception.

In the first place, he speaks of constitutional peculiarities, and here is a cause which should not have been the means of the "sins of the fathers being visited upon the children even unto the third and fourth generation." Those who have gone before should not have been in this condition had they followed out the true line of living, and the blame must fall upon them if there is anything in heredity on this subject.

"Sedentary habits, particularly in those who eat too much and neglect the calls of nature." Of course, sedentary habits *per se*, when we consider the anatomical and physiological structure of the glands with the wonderful, unstriped muscular formation should not be a cause for constipation, because the parts should accommodate themselves to this mode of living and be able to over-rule it. To the next phrase: "and those who eat too much," I might say a great deal and might couple with it the matter of quality of food. Referring to this, I might say that the human being is provided with a brain with which he thinks, and he not only devotes his attention to thinking of matters psychologic, geologic, pathologic or scientific, but he also thinks of what he is going to satiate his stomach with at the next meal, and one need not go farther than to one of the larger hotels, where it is found that the brain of man has concocted some of the most conglomerate mixtures which it is possible for him to do. We take the ménu and it is a day's reading to go through it and see the mixture and variety which is there even to suit the taste and palate of the most fastidious. This brain of man, which gives him the power to think, does not as a rule discriminate here, and especially if he is paying by the day he will be bound to get his money's worth and be compelled to take a Lady Webster dinner pill after as his dessert; if not, and is on the European plan he may possibly consider his purse and in that way indirectly save his intestinal canal the laborious work of extruding the refuse which is bound to follow gluttony. He does this day after day, irrespective of the results which might follow, which are, in a great many cases, disordered digestion, resulting constipation or a bilious attack, so-called, followed by a dose of pills to carry off the bile, which, in his own physiological mind, has accumulated in a stagnant condition in his liver. So that I might reiterate that both quality and quantity should be considered, and coupled with that the rapidity and regularity with which it is eaten, should give the subject's brain some labor for thought as well as what he selects.

The next and final one is this phrase—"and neglects the calls of nature;" and I only wish I possessed eloquence so that I might drive home the nail and clinch it which this

thought suggests to me. To my mind this is one of the causes which is paramount above all others in the cause of this trouble, and until we can teach the populace the importance of it, we will still deal out pills by the ton and will be no further ahead in our handling of this malady than ever, in fact we will be decidedly in the rear.

I do not think that Dr. Osler even emphasizes it strongly enough in his treatment, for I have found that even in consultation with my patients it is very difficult to make them realize that it is more to their credit to practice regularity than to swallow a dose of pills.

Now, there are, of course, causes for this neglect; first, the premonitory sensations not manifesting themselves, the non-consideration of its extreme importance, the fact that it is so trivial that it can be attended to at any time after some other matter is attended to; the cold out-of-doors W. C., which has been and is now too frequently, I am sorry to say, in evidence, especially in the country, and is a great source of procrastination especially for the female element and children. I dare say that some of you have experienced the sensation of sitting and shivering over a hole in a board in an out-of-door W.C., with plenty of ventilation with the thermometer at zero or even a few degrees above. What child or woman, or I might add stout-hearted man, might not refrain from such an ordeal and fight off his intestinal discomfort, which is the premonition of an evacuation of the bowels? How can one under such circumstances advise his patients to go at a certain hour each morning and practice the regularity which is so important, taking along with him or her some interesting novel to read to while away the time whilst the bowels are wondering whether or not they will respond? But we are human: we must have these receptacles, and as it is compulsory, let us advocate a comfortable, temporary abode.

The next factor, viz.: certain diseases such as anæmia, neurasthenia, etc,. I will not consider at the present time, although their treatment must surely be conducted along the same lines, with additional remedies to counteract the particular disease from which they are suffering: then he says: "under this heading may very appropriately be placed that most injurious of *all* habits, drug-taking." Evidently our worthy confrère is wonderfully impressed with this evil when he puts it so strongly as the most injurious of all habits and evidently he does not consider that the most heinous sin is to live beyond the age of 60.

He is not far wrong when he expresses it as he does, for it has become such a universal habit that it is like the moving of a mountain to think of attempting a cure of constipation in one of those poor unfortunate, pill-laden, pill-habit afflicted creatures, who are ever on the watch for some new departure in the *materia medica*, and with whom it becomes as it were a mania to try everything new which comes out, and which is guaranteed to cure all liver and kidney troubles and constipation. She devours with avidity the new arrival which she has by chance found in the hallway, thrown there by an itinerant agent who knows too well that they will be given a trial and that eventually he will be rewarded by the purchase of more. These are the ones, who after years of self-treatment, will come and demand a panacea which none other during that time has funished, and the Doctor will scratch his head as never he did before if he thinks he can make

any permanent curative impression on this affiicted sufferer.

To exemplify the evil effects of this habit, which effects you all know too well, let me say that it seems to me to be a disagreement between the brain or body on the one part and the gastro-intestinal tract on the other.

The bowels are prone to act if given half a chance, but when they exert this authority the brain or body says: "No, you cannot act now, there is something more important I have to consider, so just wait a while and you may call again." The call may come and it may not, and if the canal has not been too far insulted at its abortive attempt to evacuate its contents, it *will* call and perhaps be again told to keep quiet. What is the result? Why, nothing else than it says to itself, I am tired of this procrastination, and I will desist, the body will suffer, and bye and bye the body awakens to the occasion and finds that the bowels are dormant, that they are not going to take the initiative again, and it is not long before they are surprised by three white bullets being shot down the tube. This awakens the dormant tract and under this heavy fire of artillery it is stimulated to do something desperate. The natural power of muscular force is taken away to be supplanted by an artificial and the same of the action of the glandular apparatus, and so the disagreement continues between the two so that it culminates in a warfare being waged and the stimulation is carried on more and more until the intestines have become sulky and obstinate and will not act without it. Then the body begins to realize what has happened, is sorry that it did not yield to the first calls of nature, but it is often too late.

When we come to the local causes as set down by Osler, I think with the exception of tumours acting mechanically, foreign bodies, strictures, etc., that all can be traced to nothing more than gross carelessness on the part of the suffering individual. There will be no need of going into the symptomatology of constipation or diagnosis. Our patients come to us with these all cut and dried, and as a rule we cannot exact a fee for the destruction of gray matter which a diagnosis of this subject might entail us.

Is there anything to say as to the prognosis in constipation? It is not mentioned in the text books, but has it not a tendency to produce general ill-health? What is all our appendicitis due to? Surely not the grape seed still! Oh, no: that has died a natural death, and do you not think it is possible that chronic constipation, producing all the irritation anr blocking up of channels, which if pervious must carry on their healthy functions, must be a factor in its production? What of volvulus? Can anyone give a true and satisfactory cause of this peculiar condition? In my comparatively short practice extending over twenty years, I have had three cases of this disease, in all of which we have had a history of chronic constipation and each one of which has lived from only twelve to twenty-four hours after the attack. If there is any possibility of constipation being the cause of these, is it not a serious prognosis, not *per se* but indirectly, of what might result from its presence? Is not the intestinal canal one of the exits for the detritus of the human economy? What if that detritus is allowed to remain? Can it be health-giving to the subject? Decidedly no!

Regarding treatment, I feel that I have not adhered rigidly to the course generally pursued in the books, for you will see during my talk that I have at least hinted at some of the

suggestions which I consider at least the most important,—and it now remains for me to reiterate somewhat and also to add any other suggestions which may have impressed me in the consideration of this very important malady.

Of course, for those who are dyed in the wool there is very little to be done with them except to give them that which would be the least harmful. It is hardly worth while wasting one's breath on such, but it is at the cradle where we must start. The mother was given breasts for a purpose, and that purpose was for the suckling of her babe. All the lower mammals suckle their young without the slightest amount of hesitation; but when it comes to the human race there is that degree of ultra-civilization which makes them argue within themselves whether or not it is worth my while to nurse my babe? Is it not too much trouble? Won't I be tied down too much? However she decides that cow's milk or one of the many food stuffs on the market will suffice. It is instituted. Result in a good many cases—constipation. Next follows Castoria, the proprietors say it is harmless, and "the children cry for it," why not use it? Here is the foundation of trouble which is apt in after years to mean pills. So advocate by all means that mothers should nurse their babes if it is possible to do so. If the child is fortunate enough to grow up and has got clear of the castoria bottle or William's teething powders, it is very important then that the parents consider the propriety of educating their children to the necessity of that regularity of attendance to the calls of nature. Teach them to have a personal supervision over them and not leave it to the child's own judgment. Teach the parents the evil effects of taking physic and giving it to the children. See to the quality and quantity of food, and teach them to eat properly.

Have if possible a comfortably warmed W.C. to visit so that it may be a temptation to go instead of a repulsion.

Now, these are, to my mind, of far more importance than all drugs, etc., and may be termed preventive medicine. All other methods are used after one has been so unfortunate as to have acquired the habit of drug taking or the condition of constipation. Of course, for the young who may come under your care, you can do a lot if you can impress them with the fact of the importance of the treatment and make them practice a little self-sacrifice in the attempt to recover the tone of the muscular structure and the action again of the latent secreting glands.

Don't be afraid to give these people your time, and if they see that you are earnest and confident that if they will do their part conscientiously you can promise them a fair measure of success, they will go hand in hand with you and in a great number of cases you will be rewarded.

As means outside of regularity, I think I must put first, exercise, either walking, riding, games of the out-of-door variety, gymnastics, which especially have a tendency to the development of the abdominal muscles, so that they will not be too much injured by the wearing of corsets; for, as I said before, the corset crusade would be an impossibility,—drinking plenty of water, especially the first thing in the morning and the last thing at night, the eating of fruit and all such things which would naturally suggest themselves to one's common sense to keep them physically fit.

Regarding medicines, I will have very little to say. I think them all

bad. it being only a matter of degree between croton oil and cascara. The bowel depends upon whatever goes into it as a stimulant. and looks for its daily dose and will not act without it. I have no faith in so-called tonic laxatives, viz.: those which are supposed to give tone to the muscular structure. If any medicine at all is required, I would suggest aloes or its preparations, or cascara sagrada. or some one of the salines as a help for a time; but let the patient bear in mind that it is only a temporary help, that he or she must keep in mind the idea that they must not depend on it to the detriment of the other measures set forth, and in conclusion will say that it is up to the physician who has charge of families to take the time to drop a few timely words to the parents as to the necessity of an ever-watchful eye and if they will one and all do this, and constant dropping *will* wear away a stone. that we will have laid the foundation for a more healthy race in time to come which may be free from at least as much constipation as exists at the present time.

If my ideal were to be consummated. I would like to see all vendors of physic pills spending their days in the poor house and suffering with the greatest degree of the malady of which we have been speaking.

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Since having written the above. I happened to come across the following article in the *British Medical Journal* written by Alexander Francis, M. B.. on "Hypnotic Suggestion." It will tell its own story:

HYPNOTIC SUGGESTION.

"The following case seems worthy of publication, as illustrating the power of hypnotic suggestion.

My mother, aged 81 years and 7 months. has suffered for more than thirty years from obstinate constipation. During the last fifteen years she has had glycosuria, and has kept strictly to a diabetic diet. Of late years she has suffered from time to time from a severe paroxysmal cough. During the last few years the constipation had become so serious that it was a grave menace. Almost every conceivable form of treatment was tried. and the most drastic remedies were of but little avail. The glycossuria began as more or less typical diabetes (thirst, wasting, pruritis, carbuncles, etc.), and in spite of a strict diet the amount of sugar remained persistently very high.

Last October she consulted Dr. Lloyd Tuckey for the constipation, and he treated her by hypnotic suggestion. After the second visit she had a natural motion for the first time in many years. Since then, during the last nine months, the bowels have acted regularly and well, although she has not taken any purgative except a little senna tea, which she takes at bed-time. and was told would be sufficient.

In November Dr. Lloyd Tuckey treated her in a similar manner for the cough, which at that time was very distressing, resembling whooping cough in the violence of the paroxysms . After one treatment the cough entirely disappeared."

I feel sorry that my efforts at the treatment for constipation would seem to be unavailing. Here is a lady of 81 summers. and God knows how many winters, who has lived the life away beyond the allotted space of time allowed the human, according to the Scriptures and who probably herself, being a woman, and a human being. has not taken any more care of her internal economy than the average

one, and in that time has, in all probability, swallowed at least a car-load of pills and nauseous draughts, and stil at that advanced age and after having run the gamut of self-purgation, has been healed of constipation by hypnotic suggestion.

I fear for the medical profession for the future. I thank Providence that according to statistics I have about 25 more years to live, and being a medical man, and as one, not having laid up anything for those nearest and dearest to me, that I will not have many more years to contend with these several factions for the means now employed for the cure of all ailments, viz.: Christian Science, the Emmanuel Movement, Hypnotic Suggestion, etc., taken up by the laity, clergy, and such medicos who are possessed of that wonderful power abovementioned. I feel that we of the purely medical profession will be a back number in a short while, and the poor house, which I had in my paper, ascribed to those of my charlatan friends, will have to be retained for us, or those to follow *me* when I am six feet under Mother Earth. But still there is a gleam of hope when in the article above it is noted that without that "little senna tea at bed-time" the old lady would probably have been as tight as a bung hole in a brandy cask.

THE TUBERCULOSIS PROBLEM.

(This paper was read at a public meeting of the Annapolis-Kings Society on January 28, by Dr. G. E. DeWitt, President.)

LADIES and Gentlemen.—I am not here as a teacher of a new doctrine, or treatment of the disease, known in the last quarter of a century, as tuberculosis, but merely to emphasize a few fects gleaned from observation and other men's experiences.

While we have not learned all there is to know of tuberculosis, yet we are step by step, receiving more light and knowledge upon the subject and endeavouring to clinch and make good, what we have attained and give to the people what we possess. Dr. Osler has said "that we have all been at school during the last quarter of a century and at school we must remain if we would make the knowledge we have attained effective."

I trust that I may not be charged with too much boldness when I affirm that a great portion of the people have been slow to learn, or grasp the importance of sanitation, hygiene, or the fundamental principles that form the basis of prevention. We all know that although much has been written in the lay and medical press and proclaimed from the public platform, regarding the necessity of putting into force and practice the principles of preventive medicine, yet a majority of the people are careless concerning them .

The rough nuggets of truth mined within the last half century by the brilliant workers in the laboratory, are being developed and polished into perfect jewels and as the physician must have the confidence of his patient in combating disease, so must the profession have the co-operation and assistance of the people and government in the practice of preventive medicine. As the physician keeps his hand upon the heart throb of his profession, coupled with the willing co-operation of the people, will he be encouraged and better fitted to combat the ills which beset humanity.

Dr. Ravenel, the medical director of the Phipps Institute for Tuberculosis in Philadelphia, reports that two-thirds of the patients who applied for treatment, came at a stage of the disease when recovery was difficult and when it does take place, it means invalidism for the rest of life. Herein lies the burden of the tuberculosis problem, a "social burden, heavy enough to stagger almost any community." No one who has both lungs involved can be strong and vigorous enough to compete with those who never had tuberculosis and when persons advanced in this stage are restored to a fair condiiton of health, they can only maintain that health by a life of moderate activity. This means that when one with limited or no means of support, advanced to that stage recovers, he maintains his health, only so long as a helping hand is held out for the moment assistance is withdrawn he relapses. It is a constant and unremitting or unrestful fight to overcome the disease, not only in the second, but often in the first stages, and a constant unflinching battle to maintain health after the disease is overcome. In thousands of cases he is too poor to give the necessary aid and then he must depend upon charity or soon succumb to the disease. Here we have an explanation of the high mortality of tuberculosis. It is sometimes said that there is not

the substantial gain in combating tuberculosis, as the profession would make it appear, or as claimed by those who advocate and adopt the treatment of fresh air, rest, isolation and cleanliness. There are patients all over the world to-day whose lungs have been invaded, who have sought the sanitarium retreat and who have recovered a fair degree of health, but, they have been those who have had ample means to carry out the instructions received at the sanatorium and to live so as not to reduce the system to the condition which allows of a fresh invasion of the disease.

Incipient Cases.

Most of the sanatoria which provide for the reception of the tuberculous only take or profess to take the incipient or early cases. If, however, the disease is spread because of the expectorated bacilli from the extreme or advanced cases, we have commenced as authorities have expressed it "at the wrong end." We have not taken from the community the dangerous, when we have isolated and taken into the sanatoria the early cases. The advanced cases are still left in the community to sow the seeds of disease. Until there is a united effort on the part of the people to isolate and care for the dangerous cases of tuberculosis the effort put forth to stamp out the disease will be as futile as to undertake to check the incoming tide, by taking a few buckets of water from the great body of the stream.

What Is The Remedy?

The day is coming when sentiment in the country will have to give way to the unvarnished and practical fact, when the people are willing that the tuberculous shall be regulated and treated as are the subjects of other infectious diseases, as small-pox, scarlet fever and diphtheria—there will be a gain not hitherto obtained in checking this disease. When a house has been occupied by a consumptive or consumptives, it must be cleansed, fumigated and made aseptic, and no landlord under a penalty shall allow a house to be let to others after a consumptive has occupied it until it has been made aseptic.

Dr. Woods Hutchinson in a recent address delivered in New York at the Tuberculosis Exhibit said, that in ten years with sufficient capital at his back and the assistance of the people and the government, that he could rid New York of the disease. It is reported that ten thousand victims are claimed yearly in that city. Dr. Hutchinson's plan is to isolate them in colonies, having sanatoria or hospitals, shacks and tents, in close proximity to agricultural lands, where those who are able to do a moderate amount of work might work in the open air under medical supervision. A gentleman who thinks and writes much, asked me the other day, if there had been a substantial gain in the crusade against tuberculosis? The question implied a doubt and doubtless based upon the high mortality, that still obtained in this disease. My reply was that up to the present time, while there has been an undoubted gain in wrestling with the disease, that gain has to a great extent been educative. Since the discovery of the tubercle bacillus 26 years ago, the profession has taken hold of the problem of prevention with an earnestness and zest not exceeded in battling with disease in the history of medicine.

Now and then a man asserts that the bacilli laden sputum is not infectious and a few have said, that the mode of infection or portal of entry into the system, is not *via* the air passages, but through the alimentary canal and taken into the system with meat or milk.

At the Tuberculosis Congress held at the World's Fair in St. Louis, a doctor from Colorado Springs and one from Chicago tried to get the ear of the convention to the effect that tuberculosis was not infectious, but the unanimous verdict of the convention was that the disease was infectious and the advanced cases were dangerous and highly infectious. In the year 1882 the question was asked of the members of the Nova Scotia Medical Society if in their opinion tuberculosis of the lungs was infectious? The invariable reply at the meeting from all who responded was that the disease was infectious. These opinions were based upon the history of families in the practice of the members where the disease had claimed victim after victim.

I recall, that I reported at that meeting a case of a young girl, strong and in the best of health when she left her home to nurse a consumptive woman. The woman was subject to asthmatic attacks and would smoke stramonium for the purpose of relieving the attacks. The girl nurse would always light the pipe putting it to her mouth until the stramonium was burning and then give it to the woman. The woman died, the nurse came home sick, both lungs were found to be invaded; she sank rapidly and in three months she died of what was termed in those days "galloping consumption."

The Homes of The People.

The army enlisted to fight tuberculosis will find that the battle-ground of the future will not only be in sanatoria or hospitals in distant climes or other places of isolation, but in the homes of the people, where the disease is bred until the germ becomes strong and vigorous taking one and another and in many cases leaving the parents childless. In the year 1886 I moved from a former practice to another part of the province. At that time I recall a family of 6 members, the father and mother and four sons. The father and mother were well and strong and of strong parentage, the children were strong when I knew them. Nineteen years afterward I visited the family and found the parents childless. The story from the mother was, the oldest was taken sick with consumption and died, then another and another, and another until all were stricken and died of the disease. The facts elicited that two lived in the same room until one was taken, then the other died in the same room and the remaining two when they became sick, lived and died in the same room. Was this carpet upon the floor, these draperies on the windows, and paper upon the walls I asked, when your children were sick and died of consumption? Yes. Was the room disinfected? No. This is an example of hundreds of homes in these Maritime Provinces, where because of a disregard of the simpler rules of hygiene and cleanliness, tuberculosis is writing up a record of high mortality.

The educative influence which has been diffused through the efforts of the profession in waging a war in the crusade against tuberculosis has done something to bring home to the people the fact that consumption is a house disease, and of teaching those who can and have the means to isolate the consumptive and treat it as an infectious malady. But, those who live in squalid quarters, whether in hamlet town or city, where, in many cases there are only two or three living rooms, are those that are sowing the seed and propagating the disease. Dr. Woods Hutchinson's proposition to the city of New York is, that, with an expenditure of 16,000,000 dollars

tuberculosis can be stamped out of the city in a period of ten years.

"Roughly speaking," said Dr. Hutchinson, "any city in the civilized world, can stamp out tuberculosis at an expense not to exceed ten dollars per capita of its population, within ten years. It is only the question of backing the antituberculosis crusade with money and legal authority."

Public opinion may not be sufficiently aroused and educated to put Dr. Hutchinson's plan into execution. Many would be unwilling to go into camp and be isolated from their friends, but if only 50 per cent. went, the gain would be great, for it has been asserted that for every advanced case of tuberculosis in tenement, or house, where the patient cannot be properly cared for or treated, from one to four persons are infected.

When we consider that, notwithstanding the treatment in sanatoria and the benefit accruing therefrom, by restoring many to a fair share of health, these restored ones cannot again resume their usual avocations in workshop, factory or on the farm, without the danger of a relapse; hence the necessity of making provision for them in colonies where they can do light work a few hours per day, in the out-of-door air, under the survellance of those competent to see that the exposure will not reduce the system of the patient, so as to bring a return of the disease.

Authorities upon this continent and the continent of Europe, are referring to the press and church organizations for stimulating the public conscience and educating the public to the importance of the subject. The attention of the profession is often arrested by seeing in the public press the statement of great cures being wrought. Cures of cancer, of consumption and other diseases. Statements which have no foundation. But, of bringing to public notice the necesity of the crusade against tuberculosis, there is no need of hysteria or sensationalism in the press or anywhere else. A calm and truthful statement of facts in the press, upon the public platform, in the pulpit and even in church organizations; all of these auxiliaries, will have to be brought into use before the people will be convinced and fall into line in the direct road to the eradication of this disease.

What of Isolation?

If the church has not yet taken her place in the work now being done to stamp out the plague, we believe that it will yet do so and that it will, in the future exert a powerful influence in the propaganda against tuberculosis. The commission of the Great Physician whose virtue the pulpit proclaims, is to "Heal the Sick, give sight to the Blind and set the Captive free."

The church, the people and governments, have a work to do in the future, compared with which what has been done, is but an earnest of the work to be wrought in solving the problem. If governments whether municipal or federal, have looked with complaisance upon congested districts and unsanitary premises among the poor, where consumption and other infectious diseases are bred, these governments or this power, ought by the force of public opinion be made to lead the crusade against the disease and it is predicted that the time will come when the party that makes its platform upon the pledge of Health Reform, will be the one, kept at the head of the government. The movement now exercising the minds of the people of Halifax and projected by a distinguished clergyman of that city, to abolish the ramshackles in the un-

sanitary slums of that city and erect model tenements for the poor and the laboring classes is in accord with the teachings of the great Healer and in keeping with the crusade against tuberculosis.

Dr. Ravenel, speaking of the financial loss to the United States, because of the loss the country experiences from the effects of tuberculosis, states "that the loss annually amounts to three hundred and thirty million of dollars." Computing the United States to have a population of 88,000,000, and allowing the annual loss in the same proportion to this province and reckoning the population of Nova Scotia at half a million people, the loss would amout to one million, eight hundred and seventy-five thousand dollars, divide this amount by 16, the number of counties in the province of Nova Scotia and Cape Breton, we have a money loss of $117,000 to each county annually. If these figures are true and we have yet to learn that they are untrue, it would be what some people call a gilt-edged investment for the province for every municipality in the province, to do as is being proposed by men of both continents to put into practice such methods as will most effectually stamp out the disease by the establishing of a retreat or colony for the treatment and accommodation of the advanced cases of tuberculosis, as well as for many who have recovered from the disease.

Much will depend upon the attitude of the people in influencing governments to aid the crusade.

When the people become in earnest and support the medical profession in carrying out the laws of health, when municipal governments acknowledge the necessity of the pronouncements of the profession that there must be municipal aid in promoting preventive medicine by rigidly enforcing laws to regulate and support these measures and contribute to the support of the advanced and dependent cases of tuberculosis, we shall have got hold of the weapons that will most effectually stamp out the disease. While however, we are content to support sanatoria only for the incipient cases and leave the unsanitary slums to breed pestilence and disease, while we ignore the hovel in towns or hamlet, where consumption is born and bred and where there can be no adequate and inteligent care of the consumptive, we are living in a "Fool's Paradise," and our efforts to suppress the disease will be as futile as to undertake to check a Niagara without regard to its source.

Do I hear some one say that the scheme or plan is utopian? that the people or the government will never submit in this country to have their consumptives removed to colonies where they will have to live apart from their friends. The people nor the government may not be sufficiently educated at the present time to carry into effect the colonization of consumptives under the supervision of a Medical director, but, the time is coming when it must be done and I believe that the time is coming when the consumptive will be glad to go, glad of the chance of such an acommodation and privilege.

The sanatorium at the present time supported by the government of this province ostensibly relieves the consumptive in the early stages, yet I judge by the results attained, that the majority of those who have had access to it, were of the advanced class, or those difficult of cure. I am informed that of 15 who were inmates of the institution a year ago, only five are living.

A sanatorium should have a medical director, who can give his whole time

to the work and treat the patients as their individual condition demands, while the general application of fresh air and rest, applies to all, yet they require special treatment in other details as their condition suggests.

Political appointments regardless of merit, to care for the sick in hospitals, is unjust to those whose misfortune compels them to submit to inferior experience and skill. When a broader and more Christian view of the whole situation of the sick, who come under the virtue of Charity is written upon the hearts of the people, and governments acknowledge that they do not know it all and that the profession have a right, because of superior knowledge to make suggestions and guide the affairs of the sick, will there be a happier and more satisfactory condition and better results attained, in the treatment of the sick poor. The attitude of the government in moving for the sick poor, sometimes reminds one of the impassioned peroration of the attorney in defence of his client, who exclaimed to the court: "Your Honour—God knows that the prisoner is innocent, and what is more to the point, I know it!"

Another and effectual means of keeping in touch with tuberculous subjects and the plan is being adopted in some countries with good results, would be the establishment and support of dispensaries having medical supervision. These dispensaries would be the centres for not only dispensing medicine and advice to those who applied for relief, but enable the authorities to keep track of the breeding places and take such precautions as would be necessary to stamp out the disease. The cost of maintaining such centres would be comparatively small and the knowledge thus gained by a record of the cases, the history of the patients, their mode of life and surroundings, would lead to and suggest more effectual means for the eradication of the plague.

While we do not claim to know all about tuberculosis as yet, we do know enough to insist upon prophylactic, or preventive measures. Furthermore as we approach the borderland of actual knowledge, through scientific deduction, from clinical experience as to infection in general, we believe that pulmonary tuberculosis should be treated as are other infectious diseases. If, as has been asserted by competent authority, more deaths occur from tuberculosis than from typhoid fever, small-pox, diphtheria, measles and scarlet fever combined, why not make publicity of tuberculosis compulsory as we do of small-pox, scarlet fever and diphtheria? I know that the sentiment of the people and the legislature of this country are not ready for such a drasic measure, hence the necessity of the promulgation of further knowledge regarding the disease, and while there is much to learn, the essential fact to remember is to disseminate the knowledge we already have.

Teach The Children

in the schools the nature of the disease and they will believe it and in the future will know how to prevent this and other infectious diseases, in caring for homes of their own. The majority of those who have lived out three-fourths of their lives will not ,or do not believe it, or regulate their lives as though they did. The thousands of children in the schools to-day, who are to take our places, should be taught the simple laws relative to infection, and as they are imbued with the knowledge they will be prepared to assist any reasonable measure that will check and stamp out tuberculosis. The teacher should be fitted so as to impart to the

child the nature of infection and the laws of prevention.

"A child's health, it has been said is its greatest heritage and an education without it is a failure."

The public school system, although an excellent one in many respects, has done and is doing much to prepare the soil for the invasion of tuberculosis. Under the system, the anæmic and weak child is compelled to work and grade with the strong and vigorous, and hundreds there are who are breaking down, and have succumbed to the infection, because of the strain upon them, by forcing them beyond their physical endurance and until there is a systematic and proper medical supervision of the children in the schools so as to weed out the weakly ones and train them in classes by themselves, so as not to force the child beyond its strength will the reaper, tuberculosis, find victims in the schools.

H. Clay Trumbull in his treatise, "Teaching and Teachers" refers to Solomon, when he gives the injunction—"Train up a child in the way he "should go. Train up, or from the "start teach, a child, any child, every "child in the way he should go, not "necessarily in the way of other chil-"dren, not in one and the same way "for all children, but in his particu-"lar way, the way in which he out of "all the mass of humanity ought to "go, whether any child ever went that "way before or whether any child will "ever go that way again, and then, "when he is old, he will not depart "from it."

That is Solomon's idea. But says Trumbull, that is not the idea which popular opinion has twisted from that inspired injunction.

A wise Connecticut teacher illustrates the careful study of each individual after this fashion: "Suppose that you were a worker in metals and had a foundry and a forge, in which you cast all manner of curious things, at which you wrought all manner of cunning devices. Suppose a stranger should come to you with a sealed package and should say here are various metals, without unsealing put them at once into your furnace, run them into your mould, work them at your forge, treat them all alike and produce for me a set of images each the exact counterpart of the other. Would you not reply the thing is impossible; let me know what I am working upon. Brass, will not melt as readily as lead. Iron is not as malleable as copper, steel is not as ductile as gold. One process for one, another for another, is the rule of my trade. But he urges, metal is metal, heat is heat, a forge is a forge, and a mould is a mould. Is not that enough? Your answer is, metals differ; the heat that would melt one, would sublimate another. The blow that would crush the one, would rebound from the other, and this wise illustration is applicable to the children in the schools and in our households. The blow that would rebound from one would crush the other and make it susceptible to disease."

The teacher of the public schools ought to be side by side with the pioneers and crusaders in preserving the health of the children in the campaign against tuberculosis. And ladies and gentlemen, you who have the care of households with children to teach and rear, ought to be the co-workers in lessening the infection of the dread disease.

HOW THEY DEAL WITH TUBERCULOSIS IN BRITISH COLUMBIA.

Special article for the MARITIME MEDICAL NEWS.

By Dr. M. G. ARCHIBALD of Kamloops, B. C.

IN the *Evening Mail* of Halifax, N. S., of January 19, 1909, there is this heading, "The Antituberculosis Campaign Started in Halifax." In that article I observe that the Board of Trade conferred with a committee from the British Medical Association to devise ways and means by which the White Plague can be stamped out.

Although I have been in the West for some years I have not yet lost interest in Nova Scotia, in the doings of her progressive citizens or in the work of her medical men. I am, indeed, pleased to see that her laymen are at last waking up to the necessity of doing something to take care of her consumptives and protect the remaining population. It is to the credit of the medical men of Nova Scotia that they have long been wide awake in this matter, and such men as Dr. A. P. Reid, Dr. Dewitt, the late Dr. E. Farrell and many others, some of whom have passed to the Great Beyond, themselves victims of the disease they sought to eradicate, have long urged on the people the importance of the subject and on the Government the necessity of establishing sanitaria for the better treatment and isolation of tuberculosis cases.

Perhaps it will interest the profession in Nova Scotia to hear something of what is being done along these lines in British Columbia.

In the first place, we have a climate very suitable for phthisical patients. Particularly is this true of that part known as the Dry Belt, an area 100 miles square, of which this city is the centre. Throughout this area the total precipitation per year is 8 or 9 inches. Sunshiny days are in a very large proportion the year round, and the winters for the most part are very mild, many patients living in tents all through the coldest weather. The summers, especially July and August, are very hot, but by a two hours' drive into the hills one can get delightfully cool spots, by pretty lakes surrounded by forests of pine.

The knowledge of the climate has brought scores of consumptives to this distict, and Kamloops has become a Mecca for sufferers from pulmonary tuberculosis. Many of those who have come during the first year have, unfortunately, been far advanced and entirely beyond hope. Some, even well advanced and told that they had not long to live, are here, and, apparently, are enjoying very good health. The great majority coming during the early stages of the malady, soon recuperate, with no other treatment than rest, good food and living continuously in the open air.

Such men as Dr. Fagan, the Provincial health officer, and Dr. Procter, formerly of Kamloops but now of Vancouver, have long recognized the excellent conditions for the treatment of tuberculous cases in the Dry Belt, and have for years, by public addresses and papers on the subject, been educating the public along the lines of proper care and treatment of consumptive patients. With so many cases coming to the district from other parts of Canada it has long been urged that there should be a sanitarium established in this vicinity.

Through the untiring efforts of Dr. Fagan, antituberculosis societies have been organized in nearly all the important towns, the object of these be-

ing to raise funds and to carry on a campaign of education. Subscription lists have been started, headed by Hon. James Dunsmuir, the Lieutenant Governor of the Province, with $10,000. Other laymen have contributed handsomely and the medical men have donated from $25.00 to $500.000 each. As a consequence, the Fortune Ranch at Tranquille, beautifully situated on Kamloops Lake, and nine miles from this city, was purchased at a cost of $60,000.00. The commodious farm buildings have been remodelled and the nucleus of the first sanitarium in the West of Canada has been established. The institution is under the able management of Dr. R. W. Irving who a year or two ago spent some months at Gravenhurst, and has had considerable experience in this class of work.

The buildings were opened on Nov. 23rd, '07, with accommodation for 17 patients. By extensions and the building of tent cottages, some of which are shown in the accompanying photo, the capacity of the institution has increased to 31 patients. The demand for accommodation is so great that applicants are compelled to wait in some cases two or three months before they can be admitted.

The Government of the Province has finally recognized the necessity for such an institution and guaranteed support. As a result the society has already let the contract for a new building, which is now under construction. It is being built in the most modern style, with all the latest improvements, and will accommodate 55 patients, besides containing administration department for extensions providing for 70 more. The new building, which will be completed by August or September, will be occupied by paying patients, while the buildings now being used will be reserved for those unable to pay.

TENT COTTAGES, TRANQUILLE SANITARIUM.

The ranch is one of the finest in the vicinity and is being managed by Mr. W. W. Shaw, an experienced farmer, who has lived some years in this upper country. It will provide all the beef, poultry, milk and cream, vegetables, fruit, etc., needed in the institution and will, *besides*, turn a

substantial revenue into the general funds of the society.

So far only incipient cases have been admitted, but it is the intention in the near future to construct another building some distance in the rear of the present site for the accommodation of advanced cases. With a building for such cases completed, British Columbia will have an institution for the treatment of consumptives which would reflect credit on *any* province, let alone one so young as our magnificent Province on the Pacific.

SCOPE FOR THE EMPLOYMENT OF TUBERCULIN, AND THE GENERAL RULES FOR THE MANAGEMENT OF TUBERCULAR CASES.

By G. A. B. ADDY, M. D.,
St. John, N. B.

(Read before the St. John Medical Society)

BEFORE discussing the management of tubercular cases it is necessary to consider the nature of such infections and the manner in which the body reacts to them. The body has at its command various mechanisms whereby to cope with bacterial invasion: these are called into play upon all such occasions. Should the means at its disposal be sufficient the body wins the day; should they be insufficient, then the bacteria gain the upper hand. Among these fighting forces are opsonins. Opsonins are of local formation, being brought from, not to, a part by means of the blood stream, any condition which will affect this local formation of opsonin will therefore lower the bacteriotropic pressure at any part, and conduce to bacterial infection. Again, there are many substances which are specific or non-specific antiopsonins, and the accumulation of such at any part will obviously predispose to local infection. Treatment must therefore be directed towards increasing the amount of opsonin formed either locally or generally, and especially to increasing the amount present at the point of attack, and to remove the antiopsonins which may be present. Any therapeutic measure which will achieve these ends, without at the same time causing general dissemination of the local infection or the admission into the blood-stream of excessive doses of toxins, is therefore to be recommended. The risk in all systemic infection is that by the injection of the vaccine into the body of a patient already staggering under as heavy a dose of toxin as he can possibly bear, such a furtner amount might be added as would just suffice to overtax his power of resistance. There is, however, this difference between the injection of a bacterial vaccine into the subcutaneous tissues and the introduction of a bacterial poison directly into the blood-stream, that in the former case the action is localized more or less to the site of injections, where-

as in the latter there is a direct addition to the intoxication of the central nervous system and heart.

Before commencing a course of administration of tuberculin, it is absolutely necessary to arrest the auto-inoculation by rest, physical and mental. A reduced and regular temperature and steady opsonic index, will indicate a return to a strictly localized infection, and the suitability of the case for a course of inoculation. Cessation of the high temperature may therefore be taken to indicate restricted outpouring of tubercular and other toxins, and the localization of the infection.

It is sometimes a very difficult matter to draw a hard-and-fast line between the cases that are suitable for a course of tuberculin and those that are not, for cases have frequently done well which seemed quite hopeless.

Trudeau's results obtained by pure sanatorial measures with those supplemented by the inoculations of tuberculin, were an advantage of over 15.7 per cent. in favor of tuberculin.

In undertaking the opsonic treatment of any tubercular infection, the extreme value of the results of clinical experience must not be lost sight of, and to these due deference must be paid. For tubercular glands in the neck, if not caseating, hygienic methods and tuberculin will probably suffice; if breaking down, the attention of the surgeon will be required, and the radical operation advocated by Watson Cheyne, removing all the fat as well as the glands, will receive assistance from a course of tuberculin.

A case of early joint disease should be met by splints, rest, and tuberculin. Should the disease be advanced and the surgeon decide on excision, then a preliminary raising of the opsonic index by means of tuberculin will minimize the risk of dissemination, and a continuation of such treatment will expedite a cure.

In tuberculosis of the urinary system, tuberculin has met with success that can only be called brilliant, 24 per cent. of cures.

In tubercular eye disease Professor von Hippel holds that tuberculin, rightly used, will cure the severest tuberculosis of the eye.

Choice of tuberculin: In this connection two important points are worthy of notice. In the first place, acidents have arisen with some preparations from the presence of living bacteria capable of multiplying. This risk has been obviated by the discovery of Wright that tuberculin may be heated to 60° C. for one hour without suffering deterioration. This suffices to kill any living bacteria.

The second point is perhaps a yet more important one, but unfortunately involves a discussion of the intestinal origin of tuberculosis and of the relative importance of the human and bovine types of the tubercle bacillus.

As you all know, Koch and Behring hold diametrically opposed views upon these points. Koch considers that human and bovine tuberculosis are separate and distinct diseases, and that bovine tuberculosis, if conveyed to man, cannot set up generalized tuberculosis, and that this disease is spread by direct infection.

Behring, on the contrary, maintains that the two are the same disease and that nearly all tuberculosis is the result of infection during infancy by means of infected milk, and that direct infection from person to person is not proved.

Experiments are now being carried on with the idea of coming to some definite conclusions on this question. Meantime it is perhaps well to begin the treatment of any case with ordinary T. R. N., but if no improvement

results in three or four injections, continuation with T. R. N. of bovine strain is worth consideration.

Tuberculin of Koch has various forms: Tuberculin T., T.R. and T.O. Tuberculin T. is a clear brownish fluid, obtained by filtering through a porcelain filter a glycerine broth culture of tubercle bacilli which has been evaporated on a water-bath to one-tenth its volume. Tuberculin T.R. is made by taking young, highly virulent bacilli dried in vacuo, and then comminuted by machinery. The dust thus obtained is heated with distilled water, and the mixture placed in a centrifuge. In this way an opalescent fluid T.O., possessing analogous qualities to the old tuberculin, and a deposit are obtained. The latter is then emulsified with successive quantities of water, and constitutes the new tuberculin or T.R.

A course of tuberculin having been decided upon, the first thing to be done is to put the patient under the best hygienic conditions, secure abundance of fresh air and good food, and by rest in bed reduce a pyrexial to an apyrexial condition whenever possible.

The first dose of tuberculin should be a minimum one of 1-10,000 to 1-5,000 milligramme. The patient should be kept in bed to ensure the prevention of fresh auto-inoculations, and the opsonic index taken daily until the negative phase has passed off and the crest of the positive phase attained. Only in this way can the correct dosage be estimated. Should no adequate response be obtained, the dose is gradually increased until one is. This dosage is then adhered to for three or four injections, and only gradually and carefully increased, being controlled by the estimations of the index taken every seventh, or, better, every third day. Completion of the course of treatment is indicated when the now largely increased doses fail to cause any marked disturbance of the raised index.

TWO CASES OF EXTRA-DURAL ABCESS COMPLICATING MASTOIDITIS.

By G. H. COX, M. D.
New Glasgow, N. S.

I.—Miss M.: July 10, 1905.

ABOUT March 1st symptoms of otitis media mild in type were felt in left ear, discharge appearing two days later. This discharge continued, changing in about two weeks to a dark, creamy form, becoming profuse and remaining so up to the date of my seeing her. She had had the usual treatment by syringing and drops. Some pain was felt more or less constantly, boring or shooting in character, referred to the whole of the side of the head back of the ear. There was tenderness over the antrum and also at a point about 1½ inches back of the meatus. There was sagging and bulging of the superior and posterior walls of the canal deep in. The membrana tympani was bulging and had a small perforation near the middle. The patient was sleepless and worried and complained of dizziness and vertigo, desiring support when walking. Temperature was normal, pulse 58.

On the 12th operation was performed. The antrum was found full of pus and granulations, the entire mastoid process riddled with caries. I eradicated almost the whole process. In doing so a large pus collection was opened up on the posterior aspect of the bone which proved to be an extra-dural abscess extending backwards about 1½ inches, overlying the cerebellum. The point of access to this was enlarged and the area cleansed. Gauze packing was inserted as usual with a separate strip for the abscess cavity. Pulse after operation dropped to 48. Recovery was uneventful. Packing was first removed on the 3rd day, being found clean. For a few days there was some soreness and stiffness of the neck, as is always present when the attachments of the mastoid muscles are severed in removing the tip of the process. Discharge from the ear ceased in a few days, and the patient returned home in three weeks. Pulse rate gradually climbed up to 72. Dizziness persisted for some months but finally cleared up.

After operation I found that the patient some few weeks before had been in the States, where she was taken ill with severe vomiting and vertigo. She entered a hospital there for relief and as these symptoms partially cleared up in a few days she came home. Beyond syringing she received no local treatment, though clearly the symptoms were due to cerebellar pressure.

Case II.: Miss C., aged 17.

About six weeks ago during an attack of measles, otitis media set in. Pain and discharge were excessive. Discharge has continued so, though the pain is only severe at intervals. Two weeks ago she was attacked with vomiting and dizziness, both severe and lasting three days. Vomiting then ceased, but dizziness is still rather severe. Temperature, 101°, pulse 115. There is a large swelling over left side of head, red and fluctuating, having its centre about two inches back of the meatus.

Operated next day, making usual mastoid incision, with a second running backward 1½ inches from the middle of the first; evacuating consid-

erable pus. On exposing antrum and cells and cleaning out the entire cortex of the mastoid process, a sinus was found running backward from the posterior wall of the antrum and penetrating the posterior fossa of the skull. Exploration of the outer surface of the skull laid bare by the posterior incision exposed a sinus 3-16 inches in diameter, two inches back of the meatus, leading through the skull. Pus was coming from it in pulsations. This sinus was enlarged, it being found that while the outer end of the sinus was small the inner table was widely bevelled off by caries. The dura was covered by a thick pad of granulations. A probe passed easily from this opening into the antrum. All carious bone was removed carefully and the dura cleansed. A strip of gauze was passed through and through inside the skull. The posterior incision was sutured, all drainage taking its course by way of mastoid opening. Recovery was uninterrupted and complete.

ECLAMPSIA

By N. S. FRASER, M.B , Edin., M.R.C.S., Eng.
St. John's, Newfoundland.

(Read at the meeting of the Halifax Branch British Medical Association, February 3, 1900.)

THE following case of Eclampsia is, I think, worthy of report on account of its desperate nature and the hard fight made to save the patient and withal its successful issue.

Mrs. K. P. iii-para whose two previous labours had been quite uneventful, went to her full time in perfect health. As a matter of routine I examined her urine—the last time twelve days before labour. It was normal in color and specific gravity. contained no albumen and gave only a flocculent deposit. Labour came on November 17th at 5 a.m., and the baby was born at 7.20 a.m., no interference being necessary; chloroform being used for a short time at the close of the second stage. I visited her again at 1 p.m. and found her very comfortable, had nursed her baby, taken some refreshment, and had passed urine. Remained well until 6 p.m., when she complained of some headache. At 8 p.m., about thirteen hours after delivery, she suddenly, whilst nursing the baby, went into a severe eclamptic fit, from which she had not recovered when I reached the house some fifteen minutes later . I immediately put her into a hot pack and ran a pint of normal saline solution under the breasts, but at 9 o'clock another very severe fit came on and again at 10 o'clock. Liq. ammonia acetatis 1 dram and potas. acetat. gr. x was poured down her throat every half hour and during the night she took about 2 ounces of mag nesia-sulph: but with only slight effect on the bowels, but the urine continued to come and up to 3 a. m. she had passed about 15 ounces of urine. The hot packing was kept up all night and in this I was greatly helped by Dr. Anderson, who was called to assist and who remained with me all night.

Notwithstanding all efforts, the fits continued to return every hour and became more and more severe, consciousness never returning. Her tongue was badly bitten and protruded through the mouth like a great raw piece of beef, about double its normal size. She was deeply cyanosed and could not cough away the mucus and blood which continued to rattle in her throat. At 5 a.m. we opened a vein and bled about a pint then transfused about two pints of normal saline solution with 2 drams of acetate of soda as recommended by Dr. Jardine, of Glasgow. From this time we were having difficulty in keeping her in bed between the fits, and the fits were now recurring every half-hour. She had had two minims of croton oil in addition to the magnesia and this acted slightly two or three times, and the urine still continued to pass. Her pulse was now 120 per minute; she was deeply cyanosed, temperature, 103° F. and breathing was stertorous. We had exhausted all methods of treatment and even the chloroform which had been pretty freely used failed to control the fits, an absolutely hopeless prognosis was therefore given. As the difficulty in keeping her in bed was so great and was wearing out patient and attendants, and as free elimination had been kept up all night, I decided at 9 a. m. to give morphia. Accordingly ¼ gr. was given hypodermically, and had an immediate quieting effect, so that no more chloroform was needed. The stertorous breathing was somewhat increased and cyanosis be-

came deeper, but respiration quieted down to 16 per minute. At 1 p.m. she had had no fit, but restlessness was returning and she wanted to get out of bed again, so I gave another hypodermic of 1-8 gr., after which she slept well and the fits never returned. Consciousness began to return by 3 p. m., and she never asked to get out of bed again, but would always ask for the bed-pan. The croton oil, magnesia, etc., began acting after 6 p.m., and continued to act severely all night, but it was another 24 hours before she became quite sensible and then had no recollection of the baby's birth or anything connected with it. Convalescence was tardy owing to an abscess developed in the lung from inhalation of mucus and blood. I found this most benefited by raising the foot of the bed and by almost continuous inhalations of creosote. At present writing she is perfectly restored to health.

The unusual points in this case are (1) the normal condition of urine 12 days before labour, but the examination was for albumen only—the urea was not estimated. (2) The continued elimination even between the fits. (3) The desperate fight in the way of treatment, commenced within half an hour of the onset of the first fit and continued uninterruptedly for more than 12 hours. (4) The value of morphia when elimination is well established. While some authorities advise morphia in such cases I have always been prejudiced against it because its tendency is to lock up the secretions. In this case that objection did not hold good. Finally the successful issue of the case is an encouragement to us never to give up a case of eclampsia, until we have exhausted every known means of treatment.

OBITUARY

DR. J. B. BENSON

DR. J. B. Benson died at his home Knapp House, Chatham, New Brunswick, on the 7th of April after five days illness of pneumonia, at the age of fifty-nve years.

He was a distinguished graduate of McGill University and had practised for many years in Chatham.

He held a leading position in the profession, being a highly trained and well read physician.

He had excellent judgement and fine diagnostic powers.

His personality was well marked and was that of a courteous cultured gentleman with a kind and generous heart.

His many good qualities made him an outstanding figure in the Northern portion of the Province, for he was the type of man that adorned the profession.

His death is a great loss to the province as well as the profession, and many are the mourners for "Dr. Joe" as he was affectionately called.

At one time he was Mayor of Chatham, Chairman of the Board of Health and occupied other official positions.

Chatham was deeply moved at the news of his death, and on the day of his burial shops were closed and over one thousand persons were in the funeral procession.

SOCIETY MEETINGS.

St. John Medical Society.

DR. J. H. Gray in the chair.

2nd Dec., 1908.—A clinical evening was spent at the General Public Hospital.

Dr. S. Skinner in his medical clinic gave statistics of the cases of diphtheria and typhoid fever in the hospital for the past year up to December 1, 1908, with the outline of treatment.

Diphtheria:—126 cases admitted.

Total time in hospital, 1191 days.

Average per patient:—9.38 days.

Number of deaths:—3 or 2.4 per cent.—one of these cases was moribund on admission.

Treatment:—On admision a dose of antitoxin varying with the severity of the attack, minimum dose 3,000 units, maximum dose 6,000 units. Later on if the throat is clearing up and the temperature falling and the toxæmia lessening, no further serum is used, but if the throat is not clearing and if the temperature is staying up, then the initial dose is repeated; as a rule a second dose is not needed.

Peroxide of hydrogen and other gargles are used locally. Where the patient cannot gargle the atomizer is used.

Internally there is an initial dose of calomel or castor oil.

The diet is as in other febrile diseases.

Patients are not discharged until their throats are proved bacteriologically negative by the culture test.

Typhoid Fever:—There were about 40 admissions—3 deaths, or 7.89 per cent. mortality.

The general treatment was liquid diet and symptomatic treatment as conditions arose.

Cold baths, cold packs or tepid baths were given for temperature of 103 degrees or over. During febrile stage, the temperature was recorded every two hours. Of late a more liberal diet has been given as follows:

(1) Carbohydrates in the form of well cooked wheat, barley, rice, cornstarch, etc.: with each feeding Taka-distase grains two was given to hasten digestion.

(2) Proteids in the form of raw or soft boiled eggs, (one to four in 24 hours).

The following was given with each feeding:

Acid hydrochloridil m v. Pepsin sac gr. x A9: ad 1 dram.

Patients were fed with these articles of diet alternately every 4 hours.

Liquids, broths, milk and water were given with the feedings as required.

Under this fare, the patients became less emaciated, shewed less tendency to constipation, and the period of convalescence seemed to be shortened.

Dr. T. D. Walker read the case reports of a number of the surgical cases in the wards, and later shewed these cases:

(1) Four cases of appendicitis shewing different phases of this disease:—(*a*) an abscess had been present and was drained, symptoms were favourable for two weeks, then an elevation of temperature and about the fourth day a small collection of pus evacuated itself from the lower part of the wound. (*b*) This case was very similar in history and progress with occasional distension. The condition appeared to be due to some dis-

order of the digestion and was relieved by calomel in small doses followed by enemas containing turpentine in emulsion with white of egg. (*c*) Case of a male, aged 20, admitted to hospital about three days after the onset of second attack. Some abdominal distension and pain below the bladder. On operation a perforated appendix attached to the pelvic wall was removed; in a couple of days vomiting began again and after persisting for about three days, the abdomen was opened in the middle line and a small abscess was discovered low down in the pelvis containing about an ounce of blood-stained pus. This abscess was walled off by knuckles of bowel adherent and surrounding it. One of these had knuckled acutely, causing a slow-acting obstruction. The adhesions were freed, the abscess drained with immediate relief of symptoms. (*d*) Appendicitis complicating typhoid fever about the fifth week. The symptoms were so acute that at first perforation was thought of. At the operation done about two hours after the onset of symptoms, an inflamed appendix with a concretion was found.

(2) External urethrotomy, shewing Cathcart's drainage of the bladder and the application of Bier's cup to perineal fistula.

(3) Pott's fracture, treated by Massachusetts General Hospital wire splint.

(4) Rectal ulcer shewing use of glass rectal drain.

(5) Empyema with self-retaining double flanged rubber drain.

(6) Injury to back from railway accident.

Dec. 16.—The President, Dr. Bentley, in the chair.

Dr. F. A. L. Lockhart of Montreal, read a paper on "Extra-Uterine Pregnancy. This paper has already appeared in the Maritime Medical News.

Dr. Lockhart was afterwards entertained to supper by the members of the Society.

Jan. 6, 09.—A paper entitled "The Medicine of Shakespeare was read by Dr. G. Melvin, and has appeared in the Maritime Medical News. Later in the evening, the report of the committee on the revision of the Medical Act was read.

Jan. 20, 1909.—Several pathological specimens were exhibited by Dr. Murray MacLaren.

Dr. W. F. Roberts read a paper on "Medical Etiquette," and Dr. G. A. B. Addy contributed one on "Tuberculin and the Management of Tubercular Cases."

These papers will appear in the Maritime Medical News.

Prince Edward Island Medical Association.

February 16, 1909

THE midwinter meeting of the P. E. Island Medical Association opened this morning with the President, Dr. J. C. McDonald in the chair.

There were also present, Drs. Johnson, Conroy, McLaughlin, Jenkins, Ralph, Yeo, McArill, Kelly and Carruthers, of Charlottetown; McIntyre and Fraser of Montague, McDonald, of Souris, Beers, of Cherry Valley; Murchison, of Clyde River; Jardine, of Kensington; Alex. McArill, of Summerside; McGrath, of Bloomfield; Murphy, of Tignish, and Houston of Crapaud.

The minutes of last meeting were read and adopted.

Dr. Johnson reported for the committee appointed at the last meeting to arrange for the re-organization of the Society for the Prevention of Tuberculosis. He outlined the steps taken with this object in view, stating that an active campaign had been begun, and that besides a central society in Charlottetown, subsidiary ones would be organized in various smaller centres all over the Island. The local government was to be approached with a view to obtaining a grant for organization purposes.

Dr. Fraser then read his paper on "Hysteria." This interesting paper, illuminated by reports of a number of cases, was very much appreciated. Remarks were made by Drs. Conroy, McLaughlan, Jardine and Murchison, congratulating Dr. Fraser on his excellent address.

At the afternoon session in the absence of Dr. Ross, his paper "The Subliminal Consciousness in Relation to Certain Neuroses," was read by the Secretary. It was a very interesting description of those obscure and indefinable impressions which do not at the time come into the realm of consciousness, but may later flash before the mind, in a dream, a delirium, or when the mind is otherwise abstracted. He illustrated his subject by a report of a case of neurasthenia in a single lady who had been suffering over twenty years, much of that time in bed. In the community in which she lived, she was generally regarded as a Saint—too good to live, but ever ready too die. Her great theme was prayer. She was ultra-religious, and yet she could not cause her friends sufficient trouble. She could not or would not lift a sup of water to her lips. He saw his opportunity and he made use of it. He told her she was the most selfish sinful creature on earth, that besides doing for herself she must help others and if she would strictly follow his directions in all things she would get strong and well, and her constipation, vomiting and headache would soon be things of the past. She became thoroughly aroused and rapidly improved, so much so, that in three weeks her constipation and vomiting troubled her no more, her headaches very much abated, and she gained 20 lbs., and was on the high-way to health and happiness. The paper was commented on by Drs. R. McArill, Beers, Murphy, McGrath, Goodwill, and Houston.

Next was a paper on "Hypertrophy of the Mammae," by Dr. S. R. Jenkins. The patient, aged 17, was otherwise well except for irregular menses. Her breasts had been gradually enlarging for three years. The larger one was removed in October, 1903, and weighed 19¾ lbs. The other one was removed in September, 1904, weighing 14½ lbs. She made good recoveries from both operations, and her health remained good. This enlargement was found microscopically to be a simple glandular hypertrophy.

Dr. Jenkins was complimented on the success of his operation and for his concise report of case, by most of the members present.

The next paper "Ante-partum Hæmorrhage," was read by Dr. A. J. Murchison, and in a very exhaustive manner described all the conditions in which this alarming and sometimes fatal symptom may occur. It was well received and discussed by Drs. Conroy, Murphy and McArill.

At the evening session Dr. Conroy gave a very instructive address on the

"Radical Cure of Inguinal Hernia," in which he reviewed the different methods employed by the best surgeons of our day, pointing out especially the strong points in favour of each. It was a very excellent effort and came in for very full and kindly criticism by the majority of those present.

From 9.30 to 11.30 the members enjoyed a smoker, in which jollity and good-will flowed supreme.

February 17th, Morning Session: Dr. J. D. McIntyre read a report of two cases of "Cerebral Disease"—the one of brain tumour, the other of cerebral arterio-sclerosis—in both of which he detailed pathological findings—macro and microscopical. This excellent paper was discussed by several present, and your readers may probably hear it read in the near future.

The last on the programme was reports of two cases by the Secreatry.

I.—A case of "Acute Intestinal Obstruction" in a young lady of 26, operated on eight days after first symptoms which were very mild up to time of operation. The focus of obstruction was on the right at brim of pelvis where a loop of small bowel was found caught under a strong fibrous band firmly attached and probably the result of an attack of appendicitis eleven years ago.

She made a good recovery except for a small wound abscess on the eighth day and a very mild phlebitis in left femoral vein twelve days after the operation. Dr. McLaughlan raised a point as to the source and course of the infection of the femoral vein on the opposite side, which is still in dispute.

II.—A case of Exophthalmic Goitre. The most marked symptoms were:—anæmia, general tremor, tachycardia—pulse never below 140 with a loud mitral systolic murmur thyroid enlargement with very marked pulsation in the glands and veins of the neck, neurotic oedema on parts of the body and suffocative attacks probably due to the same condition in the larynx, repeated attacks of vomiting and loathing of food. She was a school girl of 16 years of age. This condition had been coming on slowly for more than a year. Previously health was good. With vomiting of the little food taken she was reduced almost to a skeleton and was a very hopeless case when she began taking quinine hyrobromate gr. iv. every 6 hours. The vomiting ceased like magic and she began to develope a ravenous appetite and improve in every way. After four months of quinine hydromate the only abnormal appearances are simple enlargement of the thyroid and slight exophthalmus. During the past two months without any treatment she has remained well. Pulse 80. Murmur gone, probably due to cardiac dilatation, good color, and good weight. Menses which were absent for 7½ months have returned and are regular, all of which I claim is due to the medicine given—quinine hydromate.

Canadian Medical Association.

FOR the forty-second annual meeting of the Canadian Medical Association in Winnipeg on the 23rd, 24th and 25th of August, 1909, transportation arrangements have been completed. For delegates, their wives and their daughters, (no others), from points east of Port Ar-

thur the rate will be single fare plus twenty-five cents for round trip tickets, provided fifty or more are present holding Standard Convention Certificates. These tickets will be on sale from August 14th to 21st, final return limit from Winnipeg September 25th. If Ontario Lake route is used payment of the following arbitraries must be paid to the pursers of the Richelieu lines: During August, Toronto to Montreal, $8.00; from Kingston to Montreal, $4.50; during September, from Toronto to Montreal, $6.65; from Kingston to Montreal, $3.50. Upper Lakes: Going $3.50 additional; returning $8.50 additional. Side trips from Winnipeg one fare for the round trip, August 25th to September 24th inclusive. Alaska-Yukon-Pacific rates will apply for side trips to Pacific Coast points. Side trips to interior points in British Columbia will be announced in the annual circular issued in June or July 1st. Local convention plan arrangements will prevail for the west as far west as Laggan and Coleman, Alberta. Lowest one way first class fare from British Columbia, date of sale of tickets beginning August 16th to 19th inclusive, with final return limit September 25th. Any one can find out the single first class fare to Winnipeg by enquiring of their station agents .

American Proctologic Society.

WE have received the preliminary programme of the American Proctologic Society, the 11th annual meeting of which will be held at Atlantic City, New Jersey ,on the 7th and 8th of July, a date which happens to coincide with the date of meeting of the Medical Society of Nova Scotia.

The profession is cordially invited to attend all meetings. The names of many well known surgeons figure among those who contribute papers, and there is a very interesting list of these, among which we may note "Appendicostomy in Intractable Dysentery," "Spinal Anæsthesia in Rectal Surgery," Ball's Operation for Pruritus Ani," and several papers on this distressing complaint.

CURRENT MEDICAL LITERATURE.

A TEXT BOOK OF DISEASES of the Nose Throat and Ear. By Francis R. Packard, Professor of Diseases of the Nose and Throat in the Philadelphia Polyclinic Hospital and College for Graduates in Medicine. Aurist to the Out-Patient Department of Pennsylvania Hospital, J. B. LIPPINCOTT & COMPANY, Philadelphia and London.

In this work Dr. Packard aims to present the essentials of the diseases of the nose, throat and ear in a form suitable to the needs of students and general practitioners, and the result is eminently satisfactory. Dr. Packard's long experience in a large post-graduate school stamps his writings with unquestionable authority. The reviewer has read every chapter and finds the general standard of excellence maintained throughout. The work is accurate, up-to-date and well presented. The opening chapters are well worth the price of the book. The text is elaborately illustrated and the publishers have materially aided with first-class paper and clear cut plates to bring this feature of the work up to the highest standard of artistic and practical excellence.

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COSMETIC SURGERY: The Correction of Featural Imperfections. BY CHARLES C. MILLER, M. D. Second Edition. Including the description of numerous operations for improving the appearance of the face. 160 pages. 96 illustrations. Prepaid $1.50 Published by the author, 70 State St., Chicago.

We reviewed the first edition of this work some time ago, and have nothing to add after a perusal of this new edition. The appearance of a second, and enlarged edition must be indeed gratifying—to the author.

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PRACTICAL DIETETICS: With reference to Diet in Disease by Alida Frances Pattee, late Instructor in Dietetics Bellevue Training School for Nurses, Bellevue Hospital, New York City, etc. A. F. PATTEE, PUBLISHER, Mouut Vernon, N. Y. Fifth Edition, 1908. Price, post paid $1.10.

We recommend this excellent book to the attention of our readers. At the first glance it appears to be one of the many very good "cook-books" for domestic use. It is very much more than this. It is a scientific manual of the science of dietetics, practical from the point of view of health, and most useful in its exposition of the proper foods and methods of preparing food for the invalid, or the sick of all sorts. Its physiology is sound, the remarks on diet and cooking for the various types of disease are simple, lucid and to the point, and the recipes are numerous and most attractive. The book has been adopted as a text book for the Permanent Schools of Instruction for the Militia in Canada, as well as in the Hospitals of the United States Army, and we believe it would be a useful and helpful book in every household. It can he had from T. C. Allen & Co. Price $1.00

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BACTERIAL FOOD POISONING: A concise exposition of the Etiology, Bacteriology, Pathology, Symptomatology, Prophylaxis and Treatment of so-called Ptomaine Poisoning, BY PROF. D. A. DIEUDONNE. Translated and edited with editions by Dr. Charles Frederick Bolduan, Bacteriolgist, Research Laboratory, Dept. of Health, City of New York. New York E. B. Treat & Co., 1909. Price $1.

This interesting and useful little book of about 100 pages is a translation of Dieudonne's work, recognised as an authoritative and concise description of a not uncommon type, and frequently a serious type of disease. In these days of canned meats, fruits and milk there is always a risk of putrefactive changes occurring in the preserved material either through carelessness in canning, or through ac-

cidental contamination. Poisoning also results from the use of meat, fish, milk, cheese, ice-cream, etc., through bacterial or alkaloidal infection, and, in this book there is a full description of these various conditions with diagnosis and treatment.

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INTERNATIONAL CLINICS: A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles by Leading Members of the Profession throughout the World. VOLUMES III AND IV, EIGHTEENTH SERIES, 1908. PUBLISHED BY J. B. LIPPINBOTT COMPANY, Philadelphia.

We have many times reviewed the *Clinics* as each copy is received, and we can only repeat our high estimation of this publication, since the standard heretofore attained is maintained in each volume. Readers will always find much of practical worth in its pages. The three articles on "Treatment" in Volume III. are: "Sciatica: Its Nature and Treatment,' by Sir Dyce Duckworth: "The Treatment of Pertussis by Fluoroform," by Paul L. Tissier, M.D., of Paris; and "Two Cases of Tetanus treated with Cholesterin with Recovery," by M. Almagia, M. D. and G. Mendes, M. D., of Rome. Other excellent contributions are: "Melanotic Neoplasms," by Drs. Despard and Gibbon, Philadelphia; "The Modern Treatment of Fractures by means of Direct Internal Splintage," by E. M. Corner, F.R.C.S., of St. Thomas Hospital, London; "On the Trail of the Subconscious," by J. Jastrow, M.D., of the University of Wisconsin.

In Volume IV. we may mention the following: "The Advance of Physical Therapeutics," by J. H. Pratt, M. D., of Boston, and "Psychotherapeutics," by C. D. Palmer, M. D., of Cincinnati. "The Treatment of Gastric Ulcer based upon Results of 140 Cases," by J. A. Lichty, M. D., of Pittsburg; "Personal Observations of Bier's Hyperæmia," by G. W. Ely, M. D., of Pittsburg; "Gynæcological Work of the Western General Hospital, Montreal," by A. Lapthorn Smith of Montreal. The illustrations consisting of many plates and figures are well executed.

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TEXT BOOK OF GYNECOLOGICAL DIAGNOSIS, by Dr. George Winter, Professor of Diseases of Women in the University of Konigsberg, Prussia, with the collaboration of Dr. Karl Ruge of Berlin, Edited by JOHN G CLARK M. D. Professor of Gynecology University of Pennsylvania. Philadelphia and London, J. B. LIPPINCOTT & COMPANY.

This is a volume of 670 pages and is after the third German edition.

Works especially devoted to Gynæcological diagnosis, have been very few in number and one therefore turns to this book with considerable interest to observe the manner and success with which the subject is handled by so celebrated an author.

Gynæcological Diagnosis is fully considered under the headings of General Diagnosis, Special Diagnosis, and Analytical Diagnosis.

Under General Diagnosis the various methods of examination and the manner of making them is considered.

The Uterine sound is advised to be employed sparingly and with great care and the possible dangers arising from its use are unusually strongly emphasized.

"It is evident that sounding the Uterus is by no means a simple operation and it should therefore be used as rarely as possible. It is not a necessary part of every Gynæcological examination and should be employed only in the presence of a definite indication and when the desired result cannot be obtained without its use."

The principal portion of the book is devoted to the Special Diagnosis of

the different diseases of the various genital organs and the bladder.

A prominent feature and one of much value and importance is that portion of the Work contributed by Dr. Karl Ruge, that is the Pathological portion which is distributed throughout the work and embraces the Histology of the genital organs, the microscopic diagnosis of pathological condition and bacteriological diagnosis.

The book is clearly and well written and the abundant illustrations add much to its value and attractiveness.

It is an excellent work on the subject and will be found very useful not only as a Text Book, but in a number of particulars as a book of reference.

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Books and Instruments for Sale.

The library of the late Dr. Turnbull, of Yarmouth, comprising many standard works, such as Allbutt's System of Medicine, is offered for sale by T. C. Allen & Co., Granville St., Halifax.

Dr. Turnbull had also a number of valuable instruments, chiefly those employed in treating diseases of the eye, ear, nose and throat. These are now for sale by the National Drug & Chemical Co., Sackville St., Halifax. Many of the instruments are quite new and unused.

We can recommend both the books and the instruments to the attention of our readers.

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We are glad to welcome a new exchange. The first number of the *Saskatchewan Medical Journal* makes a very good appearance, and contains some interesting papers contributed to the Saskatchewan Medical Association. The first article is a paper on Acute Septic Peritonitis, read at the third annual meeting of the Association in July, 1908, by Dr. Geo. A. Bingham of Toronto. The most interesting paper is one by Dr. G. R. Peterson of Saskatoon, on a case of Tetanus, with recovery after excision and thorough cauterization of the site of infection.

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and salol tablets—one every two hours for the first three days and one every four hours thereafter. She began also to take a cod liver oil emulsion about the tenth day. She recovered entirely within a period of four weeks. Now, after a lapse of four months, she has had no recurrence of the disease."

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cal science, he who works alone with no one to discover his ignorance; or he who is surrounded by a lot of bright young fellows who have read the last *Lancet* or the newest *Annals of Surgery*, and can trip him up if he is not abreast of the times? I always feel at the Jefferson Hospital as if I were on the run with a pack of lively dogs at my heels. I cannot afford to have the youngsters familiar with operations, means of investigation or newer methods of treatment of which I am ignorant. I must perforce study, read, catalogue and remember, or give place to others who will. Students are the best whip and spur I know.—W. W. Keen.

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MATTERS OF GENERAL INTEREST.

One of the most interesting inhabitants of a pond is the insect known as the water boatman, which may be observed floating about in the water. However, instead of floating back uppermost like the beetle family, he prefers to swim with his back downwards, an arrangement which, however seemingly awkward from our point of view, is to the boatman an advantage, enabling it to attack its prey from beneath, a mode of assault it is said to practise successfully even upon small fish. When swimming upon the surface of the water the boatman resembles a miniature boat with oars.

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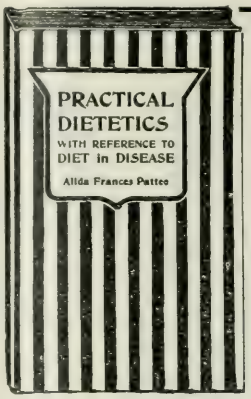

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The normal number of telegrams sent daily through the London Central Office, which is the largest in the world, is about 160,000. About 500,000 words are sent every night in the form of Press telegrams when Parliament is sitting.

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China has sent abroad a large number of students to various countries. There are now 50 in France, 50 in Germany, 100 in Belgium, about 70 in London, and others in Austria, etc.

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